

SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN LUIS OBISPO APPLICATION FOR EMPLOYMENT

DATE RECEIVED:

County Government Center ● 1035 Palm Street, Room 385 ● San Luis Obispo, CA ● 93408
Job Line 1-805-781-5143 (Select Option 6) ● TOLL FREE Within SLO County 866-249-9475
Website: http://www.slocourts.ca.gov/human.htm

EEO/ADA COMPLIANT

or print clearly in black or minimum qualifications for these qualifications. It is p.m. of the final filing date for a Superior Court Ap	blue ink. In the job in the applicate. Late app	This application which you are nt's responsibilications will to	this appoint is particular to the contract of	olication must be co t of the examinatio sted. Your applica nsure that the appl	n process. tion will not ication is o	Before be con n file wi	completing this sidered for this the Superior	s form, pleas position unl Court no lat	se read ess yo er thar	d the ou meet n 5:00
LIST POSITION TITLE APP					SOCIAL	SECURI	TY NUMBER			
						_	_			
LAST NAME	EIDST	NAME		MIDDLE NAME	LISTANN		OUS NAMES			
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MAILING ADDRESS: NUME	BER, STREE	I AND APT. OF	R P.O. B	SOX	CITY, ST	AIEAN	ID ZIP CODE			
HOME TELEPHONE NUMB		RK TELEPHON	NE NUM	BER		E TELE	PHONE NUMBE	R		
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		y we contact yo	u at this	number?	-		ou at this number	?		
	Yes	□ No □			Yes □ No) []				
Are you 18 years of age or o				bmit proof of age afte	r employmeı	nt? Ye	s □ No □			
LIST LANGUAGES OTHER	THAN ENG			RE PROFICIENT						
Speak:		Read	d:			,	Write:			
EDUCATION: Applicants ma	av be require	d to furnish pro	of of aca	ademic training by tra	nscript or dir	oloma.				
LAST HIGH SCHOOL ATTE	-	a to tarmon pro	0. 0. 0.0			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				
Did you graduate? Yes □		If not do you h	ave a G	ED Certificate? Ye	es □ No □					
EDUCATIONAL INST		ii not, do you n	iave a O	LD Octilicate: 10	UNI	TS	TYPE O	F F	om	То
ATTENDED		col	COURSE OF STUDY/MAJOR		COMPLETED		DEGREE		Mo/Yr Mo/	
(Colleges, Technical Sc	chools, etc.)				Semester Unit CERT		CERTIFIC	ATE		
	PROF	ESSIONAL CR	REDENT	IALS (LICENSES, CI	ERTIFICATE	S, REG	ISTRATIONS)	L		1
NAME OF	R DESCRIPT				G AGENCY			ISSUING	EX	PIRATION
					DATE DATE					DATE
List any software programs	anasial akilla	training mach	inoo or	aguinment that you a	an anarata ti	ant rolate	as to the requires	l nanta of the n	noition	
List any software programs,	special skills	s, training, macr	lines or o	equipment that you ca	an operate ti	iai reiai	es to the requirem	ients of the p	osition.	
DDIVEDIO LICENOE IE NE		IOD Class	C1-	sta. Liaanaa Niva	-1	D-	ta Evelesa.			
DRIVER'S LICENSE, IF NEEDED FOR JOB. Class: State: License Number: Date Expires: TYPING/DATA ENTRY SKILLS. PLEASE INDICATE: Typing Speed W.P.M. (Subject to verification)										
AVAILABILITY SCHEDULE		SE INDICATE.	ryping	Speeu vv.F.ivi.	. (Subject to	verilleati	1011)			
Indicate the types of appointment you are willing to accept: Indicate the geographic areas where you are willing to work:										
	Temporary	Ü		☐ Any location ☐ Paso F		•	ŭ			
CONVICTION RECORD: Ha Due to the requirements of the p questions and read and sign the questions. Note: A conviction re employed. The Human Resourc provide further details when inte	position for whi estatement at t ecord will not a	ch you are applyir he bottom of this utomatically disqu	ng, and/or form. Ple ualify you.	r probably assignment to ease be advised that a re A false statement or o	a designated cord check wi mission may re	II be cond esult in au	lucted to verify your utomatic disqualifica	answers/comm tion even after	ents on you have	the following be been be asked to
p										ry.)
•	rviewed. If yes	s, give date location			as much inforn					ry.)
Date:	rviewed. If yes		on and dis			nation as	possible. (Use add			ry.)

LAST NAME	FIRST NAME	MIDDLE NAME	SOCIAL SECURITY NUMBER		
Current Superior	Court of California, County of San Luis	Obispo employee?			
EXPERIENCE: PIG	ease account for all employment within the last to	en years, beginning with yo	our current or most recent position. In addition, please indicate any other		
experience that you f	feel is relevant to the position for which you are a TIONAL WORK EXPERIENCE ADDENDUM FO	applying (e.g., volunteer ex ORM OR YOU MAY ATTA	perience, military experience, etc.). Complete all requested information fully. CH ADDITIONAL SHEETS IF NECESSARY.		
From (Mo/Yr)	Present or Most Recent Employer Nar		Your Job Title:		
To (Mo/Yr)	Type of Business:		Your Supervisors Name and Title:		
Regular Hours Per Week:	Mailing Address:				
Rate Of Pay: Hr: Mo:	City, State, Zip Code:		Phone Number:		
Reason for Leaving:	Duties:		•		
From (Mo/Yr)	Employer Name:		Your Job Title:		
To (Mo/Yr)	Type of Business:		Your Supervisors Name and Title:		
Regular Hours Per Week:	Mailing Address:				
Rate Of Pay: Hr: Mo:	City, State, Zip Code:		Phone Number:		
Reason for Leaving:	Duties:				
From (Mo/Yr)	Employer Name:		Your Job Title:		
To (Mo/Yr)	Type of Business:		Your Supervisors Name and Title:		
Regular Hours	Mailing Address:				
Per Week: Hourly Rate	City, State, Zip Code:		Phone Number:		
Of Pay:	Oity, Otate, Zip Code.		()		
Reason for Leaving:	Duties:				
From (Mo/Yr)	Employer Name:		Your Job Title:		
To (Mo/Yr)	Type of Business:		Your Supervisors Name and Title:		
Regular Hours Per Week:	Mailing Address:				
Hourly Rate Of Pay:	City, State, Zip Code:		Phone Number:		
Reason for Leaving:	Duties:				
MAY WE CONTA	CT ALL EMPLOYERS LISTED? YES	□ NO □ If no, indicate	e exceptions:		
	CERTIFICATE OF APPL	ICANT AND CONSEN	T TO RELEASE OF INFORMATION		
human resources em		Superior Court. I certify th	nforcement agencies and the other individuals and organizations to investigators, at all statements made on this application and <u>any attachments</u> are true and ualification.		
Signature:		Date:			



SUPERIOR COURT OF CALIFORNIA COUNTY OF SAN LUIS OBISPO ADDITIONAL WORK EXPERIENCE

LAST NAME	FIRST NAME MID	DDLE NAME	SOCIAL SECURITY NUMBER		
experience that you fee		(e.g., volunteer experi	current or most recent position. In addition, please indicate any other ence, military experience, etc.). Complete all requested information fully. ADDITIONAL SHEETS IF NECESSARY.		
Current Superior C	ourt of California, County of San Luis Obis	oo employee? Yes	□ No □		
From (Mo/Yr)	Employer Name:		Your Job Title:		
To (Mo/Yr)	Type of Business:		Your Supervisors Name and Title:		
Regular Hours Per Week:	Mailing Address:				
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Regular Hours Per Week:	Mailing Address:				
Hourly Rate Of Pay:	City, State, Zip Code:		Phone Number: ()		
Reason for Leaving:	Duties:				
MAY WE CONTACT ALL EMPLOYERS LISTED? YES NO If no, indicate exceptions:					